

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 10-070,677	FILING DATE	
								APPLICANT(S)		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	/						51			
2		/					52			
3		/					53			
4	/						54			
5		/					55			
6	/						56			
7		/					57			
8	/						58			
9		/					59			
10		13					60			
11		61					61			
12		14					62			
13							63			
14		/					64			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	31						TOTAL DEP.			
TOTAL CLAIMS	35						TOTAL CLAIMS			